CHILD DEATH REVIEW DATA COLLECTION FORM

Check case category

- ❑ Death of a child ***within the State scope*** and ***a resident*** of this team's jurisdiction **(Entire form required by State)**
- ❑ Death of a child ***outside the State scope*** but ***under 18 years of age*** and ***a resident*** of this team's jurisdiction **(Only Section I required by State)**
- ❑ Death of a child ***within the State scope*** but ***not a resident*** of this team's jurisdiction **(No information required by State)**
- ❑ ***Other*** death of a child ***not a resident*** of this team's jurisdiction **(No information required by State)**
- ❑ ***Other*** **(No information required by State)**

I. DEATH CERTIFICATE INFORMATION *This information should come directly from the death certificate.*

1. Local death certificate number	2. Death certificate year	3. County of death

4. First Name	5. Middle Name	6. Last Name

7. County of injury	8. Sex
❑ Not applicable	❑ Male ❑ Female ❑ Unknown

9. Date of death	10. Date of birth
__ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __

11. Age last birthday	12. Age if less than one year, more than 1 day	13. Age if under 1 day
_____ Years ❑ Unknown	_____Months _____Days ❑ Unknown	_____Hours ____Minutes ❑ Unknown

14. City or town of death	15. Hour of death (24 hr clock)	16. Date of injury, if applicable	17. Hour of injury (24 hr clock)
	___ ___ : ___ ___ ❑ Estimate	__ __ / __ __ / __ __ __ __	___ ___ : ___ ___ ❑ Estimate

18a. Immediate cause of death	18b. Interval between onset and death
	#_____ Years #_____ Hours #_____ Months #_____ Minutes #_____ Days

19a. Due to or as a consequence of	19b. Interval between onset and death
	#_____ Years #_____ Hours #_____ Months #_____ Minutes #_____ Days

20a. Due to or as a consequence of	20b. Interval between onset and death
	#_____ Years #_____ Hours #_____ Months #_____ Minutes #_____ Days

21a. Due to or as a consequence of	21b. Interval between onset and death
	#_____ Years #_____ Hours #_____ Months #_____ Minutes #_____ Days

22. Other significant conditions – conditions contributing to death but not resulting in the underlying cause given above

23. Autopsy conducted?	24. Case referred to ME/coroner?	25. Manner of death
❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown	❑ Natural ❑ Undetermined ❑ Accident ❑ Pending investigation ❑ Suicide ❑ Other _____ ❑ Homicide

The remainder of this form should be completed based on all records available for review of this death.

II. GENERAL INFORMATION

1. Child's race (Check all that apply)

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African-American
- ❑ Native Hawaiian or other Pacific Islander
- ❑ White
- ❑ Unknown

2. Was the child of Hispanic or Latino origin?

- ❑ Yes (Specify Cuban, Mexican, etc.) _____
- ❑ No
- ❑ Unknown

3. Did the child have a disability?

- ❑ Yes
  - ❑ Physical (specify)_____
  - ❑ Mental (specify)_____
  - ❑ Sensory (specify)_____
- ❑ No
- ❑ Unknown

4. Street address of child's residence	5. Apt. #	6. City or town	7. County	8. State	9. Zip Code
					___ ___ ___ ___ ___

10. Type of residence

- ❑ Parental home
- ❑ Licensed group home
- ❑ Licensed foster care
- ❑ Relative's home (specify) _____
- ❑ Child's own home
- ❑ Homeless
- ❑ Other _____
- ❑ Unknown

11. Check all adults (18 or older) known to be living with the child at the time of death

- ❑ Biological or adoptive parent # _____
- ❑ Foster parent # _____
- ❑ Step-parent # _____
- ❑ Parent's boyfriend/girlfriend # _____
- ❑ Relative _____ # _____
- ❑ Relative _____ # _____
- ❑ Institutional staff # _____
- ❑ Other _____ # _____
- ❑ Other _____ # _____
- ❑ Other _____ # _____
- ❑ None
- ❑ Unknown

12. Check all children (under 18 years of age) known to be living with the child at the time of death

- ❑ Sister # _____
- ❑ Brother # _____
- ❑ Step-sister # _____
- ❑ Step-brother # _____
- ❑ Foster sister # _____
- ❑ Foster brother # _____
- ❑ Relative _____ # _____
- ❑ Relative _____ # _____
- ❑ Other _____ # _____
- ❑ Other _____ # _____
- ❑ Other _____ # _____
- ❑ None
- ❑ Unknown

II. GENERAL INFORMATION (continued)

13. Relationship of child's primary caregiver to child

- ❑ Biological or adoptive mother
- ❑ Biological or adoptive father
- ❑ Stepmother
- ❑ Stepfather
- ❑ Foster parent
- ❑ Mother's boyfriend/girlfriend
- ❑ Father's girlfriend/boyfriend
- ❑ Sibling
- ❑ Other relative _____
- ❑ Friend
- ❑ Institutional staff
- ❑ Other _____
- ❑ None
- ❑ Unknown

14. Age of primary caregiver

_____ Years ❑ Unknown ❑ Not applicable

15. On what medical insurance was the child? (Check all that apply)

- ❑ Private commercial insurance (including private HMO's and PPO's)
- ❑ Medicaid (including Healthy Options)
- ❑ Basic Health Plan / Basic Health Plan Plus
- ❑ Children's Health Insurance Program (CHIP)
- ❑ Other _____
- ❑ None
- ❑ Unknown

16. Washington State Birth Certificate Number

_ _ _ _ _ _ _ _ _ _ ❑ Unknown ❑ Not applicable

17. Paternal age at child's birth

_____ Years ❑ Unknown

18. Maternal age at child's birth

_____ Years ❑ Unknown

19. Total number of children born to or adopted by mother

_____ # ❑ Unknown

20. Total number of children now dead born to or adopted by mother

_____ # (Specify causes of other children's deaths in Section VIII) ❑ Unknown

21. Was child a victim of intra-familial abuse or neglect?

- ❑ Yes [If yes, specify type and relationship of perpetrator(s) to child]
  - ❑ Physical abuse _____
  - ❑ Sexual abuse _____
  - ❑ Emotional abuse_____
  - ❑ Neglect_____
- ❑ No
- ❑ Unknown

22. Were child's siblings victims of intra-familial abuse or neglect?

- ❑ Yes [If yes, specify type and relationship of perpetrator(s) to siblings]
  - ❑ Physical abuse _____
  - ❑ Sexual abuse _____
  - ❑ Emotional abuse_____
  - ❑ Neglect_____
- ❑ No
- ❑ Unknown
- ❑ Not applicable

23. Is there a history of domestic violence in the child's family?

❑ Yes (specify relationship of victim to child) _____ (specify relationship of perpetrator to victim) _____
❑ No
❑ Unknown

24. Total number of referrals to CPS regarding child's family

_____ # ❑ Unknown

25. Total number of CPS investigations of child's family

_____ # ❑ Unknown

26. Were any siblings in licensed foster care or in a licensed group home at the time of the child's death?

❑ Yes _____# of siblings ❑ Unknown
❑ No ❑ Not applicable

III. CIRCUMSTANCES OF DEATH

1. Check all circumstances that apply

- ❑ Fire (Complete Section III A)
- ❑ Burn (Complete Section III B)
- ❑ Fall (Complete Section III C)
- ❑ Firearms (Complete Section III D)
- ❑ Sudden Infant Death Syndrome (Complete Section III E)
- ❑ Drowning (Complete Section III F)
- ❑ Poisoning/Drug Intoxication (Complete Section III G)
- ❑ Vehicular Injury (Complete Section III H)
- ❑ Other Circumstance (Explain in Section VIII)

III A. Fire

1. Source of fire (Check all that apply)

- ❑ Matches
- ❑ Lighter
- ❑ Cigarette
- ❑ Combustible liquid
- ❑ Explosives
- ❑ Fireworks
- ❑ Cooking appliance
  - Cooking appliance used as heating source?
  - ❑ Yes
  - ❑ No
  - ❑ Unknown
- ❑ Electrical wire
- ❑ Furnace
- ❑ Fireplace
- ❑ Space heater
- ❑ Wood or pellet stove
- ❑ Other _____
- ❑ Unknown

2. Was a smoke alarm present?		3. If present, did smoke alarm function properly?		4. If present, was smoke alarm located properly?	
❑ Yes	❑ Unknown	❑ Yes	❑ Unknown	❑ Yes	❑ Unknown
❑ No	❑ Not applicable	❑ No	❑ Not applicable	❑ No	❑ Not applicable

5. Was a fire extinguisher present?				6. If present, did fire extinguisher function properly?			
❑ Yes	❑ No	❑ Unknown	❑ Not applicable	❑ Yes	❑ No	❑ Unknown	❑ Not applicable

7. Did a fire escape plan exist for structure in which fire occurred?				8. Did the child know of the escape plan?			
❑ Yes	❑ No	❑ Unknown	❑ Not applicable	❑ Yes	❑ No	❑ Unknown	❑ Not applicable

III B. Burn

1. Source of burn, other than fire

- ❑ Hot liquid (specify) _____
- ❑ Space heater
- ❑ Chemical (specify) _____
- ❑ Appliance_____
- ❑ Other _____
- ❑ Unknown

III C. Fall

1. Fall was from or into

- ❑ Open window, no screen
- ❑ Open window, screened
- ❑ Furniture
- ❑ Natural elevation (e.g., tree, cliff)
- ❑ Crib
- ❑ Stairs, steps, porch
- ❑ Opening in surface (e.g., well)
- ❑ Same height (e.g., tripping)
- ❑ Other _____
- ❑ Unknown

2. Was child in a baby walker?

- ❑ Yes
- ❑ No
- ❑ Unknown

III D. Firearms

1. Type of firearm		2. Use of firearm at time of injury		
❑ Handgun	❑ Other _____	❑ Cleaning	❑ Playing	❑ Intent to harm
❑ Rifle/Shotgun	❑ Unknown	❑ Hunting	❑ Target shooting	❑ Other_____
❑ Military		❑ Loading	❑ Demonstrating	❑ Unknown

3. Was the gun locked?	4. If locked, type of lock (Check all that apply)		5. Was key stored with lock?	
❑ Yes	❑ Locked cabinet or box	❑ Unknown	❑ Yes	❑ Unknown
❑ No	❑ Trigger lock	❑ Not applicable	❑ No	❑ Not applicable
❑ Unknown	❑ Other_____			

6. Was ammunition stored with firearm?			7. Did person using firearm take organized safety training?		
❑ Yes	❑ No	❑ Unknown	❑ Yes	❑ No	❑ Unknown

III E. Sudden Infant Death Syndrome

1. Position of infant when last put down	2. Position of infant at discovery	3. Location of infant when found	
❑ On stomach, face down	❑ On stomach, face down	❑ Crib	❑ Couch or chair
❑ On stomach, face to side	❑ On stomach, face to side	❑ Playpen	❑ Floor
❑ On stomach, face position unknown	❑ On stomach, face position unknown	❑ Conventional adult bed	❑ Other_____
❑ On back	❑ On back	❑ Conventional child bed	❑ Unknown
❑ On side	❑ On side	❑ Waterbed	
❑ Unknown	❑ Unknown		

4. Firmness of sleeping location	5. Was infant co-sleeping?		
❑ Soft	❑ Yes If yes, with whom?	❑ No	❑ Unknown
❑ Average or Firm	❑ Parent		
❑ Unknown	❑ Sibling		
	❑ Other _____		
	❑ Unknown		

6. If infant was found in a location not designed for infant sleeping, was a crib or infant bed available at this time for this infant?			
❑ Yes	❑ No	❑ Unknown	❑ Not applicable

7. Did the primary person supervising the infant have knowledge of proper infant sleep position?			
❑ Yes	❑ No	❑ Unknown	❑ Not applicable

8. Was infant healthy in last 2 weeks of life?	9. Was infant exposed to environmental smoke?
❑ Yes	❑ Yes (specify type/frequency)_____
❑ No (specify illness) _____	❑ No
❑ Unknown	❑ Unknown

III F. Drowning

1. Place of drowning

❑ Ocean ❑ Pond ❑ Hot tub/spa tub ❑ Cistern ❑ Irrigation canal
❑ Sound ❑ Creek ❑ Swimming pool ❑ Septic Tank ❑ Other _____
❑ Lake ❑ Gravel pit ❑ Wading pool ❑ Bucket ❑ Unknown
❑ River ❑ Bath tub ❑ Well ❑ Drainage ditch

2. Child's activity at time of drowning

❑ Boating
❑ Swimming
❑ Playing in the water
❑ Playing near the water (beach, dock)
❑ On a rubber raft or innertube
❑ Other_____
❑ Unknown

3. Was the area gated?

❑ Yes
If yes, gate was
❑ Locked
❑ Unlocked
❑ Unknown
❑ No
❑ Unknown
❑ Not applicable

4. Was a lifeguard present?

❑ Yes
❑ No
❑ Unknown
❑ Not applicable

5. Was a warning sign posted?

❑ Yes (specify)_____
❑ No
❑ Unknown
❑ Not applicable

6. Had child taken organized swimming lessons?

❑ Yes ❑ No ❑ Unknown

7. Could the child swim?

❑ Yes ❑ No ❑ Unknown

8. Was the child wearing a floatation device?

❑ Yes (specify) _____ ❑ Unknown
❑ No ❑ Not applicable

9. If yes, was the floatation device Coast Guard approved?

❑ Yes ❑ Unknown
❑ No ❑ Not applicable

III G. Poisoning / Drug Intoxication

1. Type of poisoning / drug intoxication (Specify name of substance involved)

❑ Over-the-counter medication _____
❑ Medication prescribed for child _____
❑ Medication prescribed for another _____
❑ Chemical _____
❑ Illegal drug _____
❑ Alcohol _____
❑ Carbon monoxide (CO) or other gas inhalation _____
❑ Food product _____
❑ Herbal remedy _____
❑ Other_____
❑ Unknown

2. Location where substance was stored

❑ In closed, locked area ❑ Other _____
❑ In closed, unlocked area ❑ Unknown
❑ In open area ❑ Not applicable

3. Was substance in safety packaging?

❑ Yes
❑ No (Explain in Section VIII)
❑ Unknown
❑ Not applicable

4. If carbon monoxide poisoning, was a CO detector present?

❑ Yes ❑ Unknown
❑ No ❑ Not applicable

5. If CO detector was present, was it functioning properly?

❑ Yes ❑ Unknown
❑ No (Explain in Section VIII) ❑ Not applicable

6. Was poison control center called at time of poisoning/drug intoxication?

❑ Yes
❑ No
❑ Unknown

7. If medication involved, was it dispensed correctly?

❑ Yes ❑ Unknown
❑ No (Explain in Section VIII) ❑ Not applicable

CHILD DEATH REVIEW DATA COLLECTION FORM

III H. Vehicular Injury

1. Vehicle in / on which child was occupant

❑ Car ❑ Motorcycle ❑ Semi/tractor trailer
❑ Van ❑ Truck ❑ Snowmobile
❑ Sport Utility ❑ Riding mower ❑ Boat
❑ School bus ❑ Farm tractor ❑ Bicycle
❑ Other bus ❑ Other farm vehicle ❑ Other _____
❑ RV ❑ All terrain vehicle ❑ Unknown
❑ Not applicable

2. Vehicle that struck child or child's vehicle

❑ Car ❑ Motorcycle ❑ Semi/tractor trailer
❑ Van ❑ Truck ❑ Snowmobile
❑ Sport Utility ❑ Riding mower ❑ Boat
❑ School bus ❑ Farm tractor ❑ Bicycle
❑ Other bus ❑ Other farm vehicle ❑ Other _____
❑ RV ❑ All terrain vehicle ❑ Unknown
❑ Not applicable

3. Position of child

❑ Operator
❑ Pedestrian
❑ Passenger - Front seat
❑ Passenger - Back seat
❑ Passenger - Middle seat
❑ Passenger - Position Unknown
❑ Other _____
❑ Unknown

4. Location of injury (Check all that apply)

❑ Sidewalk ❑ City street
❑ Intersection ❑ Rural road
❑ Shoulder ❑ Body of water
❑ Off-road (e.g., dirt road, snow) ❑ Other _____
❑ Driveway ❑ Unknown
❑ Highway

5. Contributing factors of vehicle injury (Check all that apply)

❑ Adverse road conditions ❑ Driver error
❑ Excess speed ❑ Other _____
❑ Mechanical failure ❑ None
❑ Adverse weather conditions ❑ Unknown
❑ Alcohol and/or drug intoxication (See Section IV, questions 11-13)

6. Age of operator of child's vehicle

_____ Years ❑ Unknown ❑ Not applicable

7. Age of operator of vehicle that struck child or child's vehicle

_____ Years ❑ Unknown ❑ Not applicable

8. Ages of passengers in child's vehicle (other than child)

Passenger #1 _____ Years ❑ Unknown ❑ Not applicable
Passenger #2 _____ Years ❑ Unknown ❑ Not applicable
Passenger #3 _____ Years ❑ Unknown ❑ Not applicable
Passenger #4 _____ Years ❑ Unknown ❑ Not applicable

9. Ages of passengers in vehicle that struck child or child's vehicle

Passenger #1 _____ Years ❑ Unknown ❑ Not applicable
Passenger #2 _____ Years ❑ Unknown ❑ Not applicable
Passenger #3 _____ Years ❑ Unknown ❑ Not applicable
Passenger #4 _____ Years ❑ Unknown ❑ Not applicable

10. What restraints were present in child's vehicle? For those restraints present, check if they were used for the child

❑ Infant seat present	❑ Used	❑ Not used	❑ Unknown
❑ Toddler seat present	❑ Used	❑ Not used	❑ Unknown
❑ Booster seat present	❑ Used	❑ Not used	❑ Unknown
❑ Seatbelt present	❑ Used	❑ Not used	❑ Unknown
❑ Unknown			
❑ Not applicable			

11. Were restraints used for the child used properly or improperly? (If any were used improperly, explain in Section VIII)

❑ Infant seat	❑ Used properly	❑ Used improperly	❑ Unknown
❑ Toddler seat	❑ Used properly	❑ Used improperly	❑ Unknown
❑ Booster seat	❑ Used properly	❑ Used improperly	❑ Unknown
❑ Seatbelt	❑ Used properly	❑ Used improperly	❑ Unknown
❑ Not applicable			

12. Was the child sitting in a seat with an airbag?

❑ Yes ❑ No ❑ Unknown ❑ Not applicable

13. Was the child injured by a deploying airbag?

❑ Yes ❑ No ❑ Unknown ❑ Not applicable

14. Was the child wearing a safety helmet at the time of injury?

❑ Yes ❑ No ❑ Unknown ❑ Not applicable

15. Was the child's safety helmet found at the scene?

❑ Yes ❑ No ❑ Unknown ❑ Not applicable

IV. ADDITIONAL INFORMATION ON CIRCUMSTANCES SURROUNDING ALL DEATHS

1. Place of injury or onset for circumstances other than vehicular injury (Check all that apply)

- ❑ Child's residence
- ❑ Relative's residence
- ❑ Friend's residence
- ❑ Farm
- ❑ School
- ❑ Place of work
- ❑ Sports/athletic area
- ❑ School or city park
- ❑ State or county park
- ❑ Licensed foster home
- ❑ Licensed group home
- ❑ Licensed day care center
- ❑ Licensed day care home
- ❑ Unlicensed day care home
- ❑ Other_____
- ❑ Unknown
- ❑ Not applicable

2. If death was due to an injury, was injury intentional or unintentional?

❑ Intentional ❑ Unintentional ❑ Unknown ❑ Not applicable

3. Age of primary person inflicting injury

_____ Years ❑ Unknown ❑ Not applicable

4. Relationship to child of primary person inflicting injury

- ❑ Self
- ❑ Biological or adoptive mother
- ❑ Biological or adoptive father
- ❑ Stepmother
- ❑ Stepfather
- ❑ Foster parent
- ❑ Mother's boyfriend/girlfriend
- ❑ Father's girlfriend/boyfriend
- ❑ Sibling
- ❑ Other relative _____
- ❑ Friend
- ❑ Acquaintance
- ❑ Babysitter
- ❑ Licensed child care worker
- ❑ Institutional staff
- ❑ Stranger
- ❑ Other_____
- ❑ Unknown
- ❑ Not applicable

5. Relationship to child of primary person supervising child at time of injury / onset of illness

- ❑ Biological or adoptive mother
- ❑ Biological or adoptive father
- ❑ Stepmother
- ❑ Stepfather
- ❑ Foster parent
- ❑ Mother's boyfriend/girlfriend
- ❑ Father's girlfriend/boyfriend
- ❑ Sibling
- ❑ Other relative _____
- ❑ Friend
- ❑ Acquaintance
- ❑ Babysitter
- ❑ Licensed child care worker
- ❑ Institutional staff
- ❑ Stranger
- ❑ Other _____
- ❑ Unknown
- ❑ Not applicable

6. Age of primary person supervising child

_____ Years

❑ Unknown

❑ Not applicable

7. Primary person supervising child at time of injury/onset appeared to be (Check all that apply)

- ❑ Under the influence of alcohol
- ❑ Under the influence of drugs
- ❑ Mentally ill
- ❑ Developmentally disabled
- ❑ Otherwise impaired (specify) _____
- ❑ Unknown
- ❑ Not applicable

8. Was a toxicology screen conducted on child? If yes, specify type and results **(Check all that apply)**

❑ Yes

- ❑ Blood
  - ❑ Positive (explain in Section VIII)
  - ❑ Negative
  - ❑ Inconclusive
  - ❑ Pending
- ❑ Urine
  - ❑ Positive (explain in Section VIII)
  - ❑ Negative
  - ❑ Inconclusive
  - ❑ Pending
- ❑ Other _____
  - ❑ Positive (explain in Section VIII)
  - ❑ Negative
  - ❑ Inconclusive
  - ❑ Pending

❑ No

❑ Unknown

9. Were x-rays of child taken just prior to or after death? If yes, specify results.

❑ Yes

- ❑ Evidence of abuse (explain in Section VIII)
- ❑ No evidence of abuse
- ❑ Unknown if evidence of abuse

❑ No

❑ Unknown

IV. ADDITIONAL INFORMATION ON CIRCUMSTANCES SURROUNDING ALL DEATHS (continued)

10. Was impairment due to drug or alcohol use involved in this death?

❑ Yes ❑ No ❑ Unknown

11. If yes, type of substance(s) used (Check all that apply)

❑ Alcohol
❑ Drug (specify) _____
❑ Other _____
❑ Unknown
❑ Not applicable

12. If yes, person(s) impaired (Check all that apply)

❑ Child
❑ Person supervising child at time of illness/injury
❑ Other (specify) _____
❑ Other (specify) _____
❑ Not applicable

13. Was an alleged perpetrator identified in this death?

❑ Yes
❑ No
❑ Unknown

14. Were charges filed against an alleged perpetrator in this death?

❑ Yes (specify) _____
❑ No
❑ Unknown

15. Does the alleged perpetrator care for other children at this time?

❑ Yes ❑ Unknown
❑ No ❑ Not applicable

16. Was alleged perpetrator living with child at time of child's death?

❑ Yes ❑ Unknown
❑ No ❑ Not applicable

17. Alleged perpetrator's history (Check all that apply)

❑ Abuse/neglect of other children
❑ Other criminal behavior (specify) _____
❑ Mental illness
❑ Alcohol abuse
❑ Drug abuse
❑ Violent behavior
❑ Unknown
❑ Not applicable

18. Had child ever attempted suicide?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

19. Had child recently spoken of suicidal thoughts?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

20. Had child ever experienced mental health problems?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

21. Had child ever received mental health services?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

22. Did child experience a life crisis just prior to death?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

23. Had a friend or relative of child committed suicide?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

24. Had child ever intentionally injured himself or herself?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

25. Had child ever engaged in behaviors that threatened his or her own life?

❑ Yes (Explain in Section VIII)
❑ No
❑ Unknown

26. Was child a runaway at time of death?

❑ Yes ❑ No ❑ Unknown

V. INFANT DEATHS Answer the following questions only for children less than one year old.

1. Gestational age at birth	**2. Birth weight**
_____ Weeks ❑ Unknown	_____ Grams ❑ Unknown
3. If gestational age and birth weight are unavailable, is there a notation of prematurity in the medical record?	
❑ Yes ❑ No ❑ Unknown ❑ Not applicable	
4. If multiple birth, number	**5. Resuscitation at birth?**
_____ # ❑ Unknown ❑ Not applicable	❑ Yes ❑ No ❑ Unknown
6. Child's Apgar scores at birth	**7. Did mother abuse drugs during pregnancy?**
_____ 1 Minute Score ❑ Unknown _____ 5 Minute Score ❑ Unknown	❑ Yes (specify type)_____ (specify amount/frequency)_____ ❑ No ❑ Unknown
8. Did mother use alcohol during pregnancy?	**9. Did mother smoke during pregnancy?**
❑ Yes (specify amount/frequency)_____ ❑ No ❑ Unknown	❑ Yes (specify amount/frequency)_____ ❑ No ❑ Unknown
10. First prenatal visit which trimester?	**11. Total number prenatal visits**
❑ First ❑ Unknown ❑ Second ❑ Not applicable ❑ Third	_____ # ❑ Unknown
12. Were there medical complications during pregnancy?	**13. Did child experience neonatal complications?**
❑ Yes (Explain in Section VIII) ❑ No ❑ Unknown	❑ Yes (Explain in Section VIII) ❑ No ❑ Unknown

VI. RECORDS FOR REVIEW

1. Check which records were relevant for this review.	2. Were these records available for this review? If no, explain in #4	3. Were there problems obtaining the records or with their content? If yes, explain in #5
❑ Death certificate	❑ Yes ❑ No	❑ Yes ❑ No
❑ Birth certificate	❑ Yes ❑ No	❑ Yes ❑ No
❑ Early Notification of Childhood Deaths (ENCD)	❑ Yes ❑ No	❑ Yes ❑ No
❑ Death scene investigation	❑ Yes ❑ No	❑ Yes ❑ No
❑ Medical Examiner/Coroner	❑ Yes ❑ No	❑ Yes ❑ No
❑ Medical records	❑ Yes ❑ No	❑ Yes ❑ No
❑ Emergency medical services	❑ Yes ❑ No	❑ Yes ❑ No
❑ Fire investigator	❑ Yes ❑ No	❑ Yes ❑ No
❑ Motor vehicle crash report	❑ Yes ❑ No	❑ Yes ❑ No
❑ Law enforcement	❑ Yes ❑ No	❑ Yes ❑ No
❑ Social services	❑ Yes ❑ No	❑ Yes ❑ No
❑ Public health records	❑ Yes ❑ No	❑ Yes ❑ No
❑ CPS	❑ Yes ❑ No	❑ Yes ❑ No
❑ School records	❑ Yes ❑ No	❑ Yes ❑ No
❑ Other _____	❑ Yes ❑ No	❑ Yes ❑ No
❑ Other _____	❑ Yes ❑ No	❑ Yes ❑ No
❑ Other _____	❑ Yes ❑ No	❑ Yes ❑ No
❑ Other _____	❑ Yes ❑ No	❑ Yes ❑ No
❑ Other _____	❑ Yes ❑ No	❑ Yes ❑ No

4. If any requested records were not available for the review, please explain which records and why they were not available.

5. If there were difficulties with obtaining the records or with the records' content, please describe. Be specific about which records.

6. If issues of confidentiality prevented the exchange of information, please explain the issues.

VII. COMMITTEE CONCLUSIONS

1. Was physical abuse a factor in this death? Please refer back to Section II, Questions 20-25 in making your determination.

- ❑ Yes
  If yes, specify (Check all that apply)
  - ❑ Isolated act or omission
  - ❑ Pattern of abuse of child
  - ❑ Pattern of abuse in family
- ❑ No
- ❑ Unknown

1a. If yes, explain

2. Was neglect a factor in this death? Please refer back to Section II, Questions 20-25 in making your determination.

- ❑ Yes
  If yes, specify (Check all that apply)
  - ❑ Isolated act or omission
  - ❑ Pattern of neglect of child
  - ❑ Pattern of neglect in family
- ❑ No
- ❑ Unknown

2a. If yes, explain

3. Was delayed / inadequate medical attention by a caregiver a factor in this death?

❑ Yes ❑ No ❑ Unknown

3a. If yes, explain

VII. COMMITTEE CONCLUSIONS (continued)

4. Did panel members concur on the cause of death?
❑ Yes ❑ No
4a. If no, explain
5. Did panel members concur on the manner of death?
❑ Yes ❑ No
5a. If no, explain
6. If an autopsy was not conducted, might an autopsy have provided additional useful information, given all that is known at this time?
❑ Yes ❑ No ❑ Unknown ❑ Not applicable
6a. If yes, explain
7. Were agency policy or practice issues raised as a result of this review?
❑ Yes ❑ No
7a. If yes, explain

VII. COMMITTEE CONCLUSIONS (continued)

8. Were system issues raised as result of this review?
❑ Yes ❑ No
8a. If yes, explain
9. In the committee's estimation, was this death preventable?
❑ Yes ❑ No ❑ Unable to determine
9a. Explain
9b. If yes or unable to determine, please list all prevention strategies currently in place that address deaths of this kind
9c. If yes or unable to determine, please list possible prevention strategies not currently in place that would address this type of death

VIII. NARRATIVE Give a brief description of circumstances of death & any additional information necessary.

IX. REVIEW INFORMATION

1. Check all committee members who were present during any portion of this review.		
❑ Child Protective Services	❑ Local Health Jurisdiction	❑ Trauma Care
❑ Emergency Medical Services	❑ Faith Community	❑ Tribes
❑ Law Enforcement	❑ Fire Review/Prevention	❑ Schools
❑ Medical Examiner/Coroner	❑ Forensic Pathology	❑ Other _____
❑ Mental Health/Social Services	❑ Military Organization	❑ Other _____
❑ Pediatrician/Family Practice Physician	❑ Other Health Care Provider	❑ Other _____
❑ Prosecutor	❑ Traffic Safety/State Patrol	❑ Other _____

2. Is this a DSHS Children's Administration case?	3. If this is a DSHS Children's Administration case, which DSHS region?
❑ Yes ❑ No	❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6
4. Child death review team reviewing death	**5. Date review completed**
	___ ___ / ___ ___ / ___ ___ ___ ___

6. Person completing form	7. Phone number	8. Extension
	( ) -	